

Central Blind Rehabilitation Center Annual Report 2014



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VA Vision Rehabilitation Continuum of Care Model; Proudly Serving the Central Area Region

Veterans Health Administration is the first national healthcare system to completely and seamlessly integrate rehabilitation services for patients with visual impairments into its health benefits. This ensures patients receive the finest medical and rehabilitative care, as well as cutting-edge assistive technology.

There are approximately 157,000 Veterans in the United States who are legally blind, and more than one million Veterans who have low vision that causes decreased ability to perform necessary daily activities.

The VA Blind Rehabilitation Service model of care encompasses an array of rehabilitative services, extending from the patient's home to the local VA care facility, to regional low vision clinics and lodger and inpatient training programs. Blind rehabilitation services may be provided through a variety of clinic models ranging from basic outpatient low-vision care provided by licensed eye care practitioners or providers, to advanced outpatient low vision care, involving a team of eye care and blind rehabilitation professionals, to a full spectrum inpatient rehabilitation program including medical care, psychology, social work and recreation therapy support. The Central area of the VA Vision Rehab Continuum of Care model includes programs across several midwestern states.



Chief's Message



The closing of 2014 has been a time of change for the Central Blind Rehabilitation Center (CBRC). In February, Denise Van Koevering was selected as the Blind Center's sixth Chief for the CBRC since 1948. Denise replaces Jerry Schutter after his retirement in October of 2013. In November, Chuck Brancheau was selected as the new Assistant Chief, replacing Mary Beth Harrison. Mary Beth accepted the position as Director of the American Lake Blind Rehabilitation Center, in Tacoma, Washington. As Denise and Chuck have moved into their new positions, other vacancies have also been filled; we welcome all the new staff to the Hines family.

Timely access to services is a priority for VA and VA Blind Rehabilitation. We are happy to report that we are meeting the VA Mandate for the 120 day cap on the waitlist for admission to our Blind Rehabilitation Program. This is a long-standing goal for our center and we are working very hard at meeting this goal.

We are making great strides to keep current with technology and the incorporation of the most up-to-date devices and equip-

ment in the blind rehabilitation program. Apple products, along with appropriate applications, continue to provide our blind and visually impaired Veterans some of the same benefits and access afforded to others. The implementation of the Mac computer into our Computer Access Training (CAT) programs offer additional flexibility and options for our Veterans. At the same time that we are providing training on the most current and appropriate technology and equipment solutions, emphasis on the crucial foundational blind rehabilitation skills, as established by our first Service Chief Russell Williams, remain at the core of our training programs.

We continue to advocate for blind rehabilitation in our local community with presentations at local village and township events and activities. In addition, the Rural Health initiative is the newest outreach program this year. (*See page 4*)

This publication highlights the Blind Center's training programs, performance improvement activities and yearly statistical summary of the Veterans we service. The staff at the CBRC fulfills the mission of providing the highest quality services to our Veterans and Service Members. Their knowledge, dedication, creativity and compassion are on display each and every day. We look forward to serving our Veterans in the coming year.

Denise Van Koevering
Chief, Blind Rehabilitation Center

Performance Improvement

Performance Improvement Patient Satisfaction

The Hines Blind Rehabilitation Center (BRC) utilized the Universal Stakeholder Participation Questionnaire (uSPEQ) Consumer Survey during Fiscal Year 2014 (FY2014). This is a national survey that provides input from Veterans upon program completion across all levels of the Blind Rehabilitation Continuum of Care. Survey items are categorized into five domains: Service Responsiveness, Informed Choice, Respect, Participation, and Overall Value. The Hines BRC's main goal was, and remains to be, maintaining the highest levels of Veteran Satisfaction by meeting or exceeding the national average for the fiscal year.



Among various questions seeking response, the Hines BRC scored 100% during all four quarters when asked, "Overall satisfaction with services received." Although the Hines BRC program received a high percentage of positive Veteran responses overall, there were two consistently lower percentages across quarters. Based upon the lowest percent of positive responses, the two potential areas of improvement across Hines Blind Rehabilitation include: "Able to do things I want to do now" and "Able to participate in leisure activities." These percentages averaged from 79.6% to 85.5%.

Patient Access via Virtual Care

The Hines BRC emphasized the use of Clinical Video Telehealth (CVT) and Secure Messaging as means of improving access to care. In Blind Rehabilitation, CVT is being utilized during Program Review Meetings for inpatient training. Program reviews are opportunities to review progress and other patient/instructor goals still yet to be completed in the training program. Individuals typically involved in the meeting include: the Veteran, BRC Team Coordinator, the Assistant Chief, and the Visual Impairment Service Team (VIST) Coordinator. Previously, these meetings were via conference call with the VIST Coordinator.

For FY14, our target to perform a minimum of 10 CVT encounters was exceeded. Twenty-one successful CVT encounters with referring stations were held. The addition of an eConsult Clinic was also added in 2014 to allow VIST Coordinators to place a consult allowing BRC review prior to submission of an actual application. The Hines BRC received 16 eConsults during the past fiscal year. In addition to using CVT for Program Reviews, we are exploring other conference/training opportunities in FY 2015.

The ability for Veterans to be able to use Secure Messaging to communicate with their Patient Aligned Care Team (PACT) providers is another Veteran Health Administration (VHA) initiative to improve Veteran's access to care. My HealtheVet (MHV) was a catalyst to

Performance Improvement Cont.

improve access through secure messaging. MHV is a way for veterans to have increased access to their medication refills as well as access to medical records, lab results and Secure Messaging. Our goal was to have at least 50% of our Veterans enrolled in My HealtheVet. For FY 2014, 53% of the Veterans admitted for training were enrolled.

Wait Times for Admission

During FY2014, the wait times for admission into the Hines Inpatient Blind Rehabilitation Program decreased to 107 days, from the previous year's 147 days. This meets the VHA-mandated level for the admission first-offer date. However, the annual goal was to have 70 percent of admissions meet the VHA-mandate, though only 61 percent met the goal. The BRC will carryover this goal into FY15.

Another program goal was to maintain 90% or greater unique (only one admission per Veteran per fiscal year) admissions to be admitted into our program. During FY2014, 97.7% of the admissions to the Blind Center were unique.

Outreach and Education

Hines VAH applied for and was approved for a National Office of Rural Health (OHR) Initiative to increase access to VA and blind rehabilitation services for Veterans living in rural areas. These Veterans have traditionally been underserved due to proximity of care services. Unfortunately, the catastrophically-disabled visually-impaired and blind Veteran populations within a 100 mile radius of Hines, Illinois

are presented with additional challenges to be able to access care. These severely visually impaired and blinded Veterans reside in 27 counties (over 50% are classified as rural or highly rural). This region is within a 100 mile radius based on online census figures of the Edward Hines Jr. VA Hospital. The Hines BRC goal involved the hiring of a Blind Rehabilitation Outpatient Specialist (BROS) and a Communications Specialist/Outreach Coordinator.

The BROS will perform initial assessments and basic blind rehabilitation training to address immediate safety needs in the home of the rural Veteran. In addition, the BROS will collaborate with other available VHA assets to coordinate care for the blind and visually impaired Veteran in his/her home community. The Outreach Coordinator will conduct outreach and educational programs related to low vision/blindness and all VA blind rehabilitation services targeting Veterans, Veterans' family members, VHA providers, local and regional communities.

The Hines BRC staff maintains a strong commitment to professional education, outreach, and advocacy. In the past year, the BRC hosted 179 visitors providing 247 hours of orientation and education to consumers, professionals, service organizations, volunteers, and students. Multiple staff members were active as presenters at the Illinois state Association for Education and Rehabilitation of the Blind and Visually Impaired (AER) conference. Two staff also presented at *Blind Services* in relation to Computer Access Technology and Manual Skills. One staff member attended the

Departmental Updates

M-Enabling Summit. During the first quarter of FY14, the BRC again hosted Hines/Loyola Ophthalmology Residents for a blind rehabilitation “immersion experience” where participants completed five mini blind rehabilitation lessons while blindfolded. Several staff also visited Western Michigan University and met with those students going into the field of Blind Rehabilitation through Vision Rehabilitation Therapy and/or Orientation & Mobility. The BRC also gained additional University Affiliations with University of Massachusetts and Purdue University. Many staff members also participated in several community and Veteran outreach and Welcome Home events.

Departmental Updates

Living Skills

The Living Skills department continues to develop and redefine the direction of the skills presented in the BRC program. The staff is balancing the emphasis of foundational skills for Activities of Daily Living (ADL) and Communications (COM), while addressing the technological needs of the Veterans we serve.

This past year, we have developed and refined many of the cooking recipes that we teach in Adaptive Kitchen Skills (AKS). This has given us the opportunity to offer healthier options as well as additional diabetic and gluten free recipes for the Veterans in the program to use and take home with them. The entire BRC participated in this process by participating in BRC potlucks and cook-offs to help

expand the options for our Veterans. Recipes were developed for crockpot, stove top, microwave and the oven, emphasizing adaptive approaches to kitchen safety and healthier options. A representative from Dietetics Service regularly speaks with our Veterans regarding healthier choices for all Veterans’ dietary needs. This has had a tremendous effect on the motivation for all Veterans, not just the veterans on restricted diets. Over the summer months, the Veterans planted a garden in the courtyard to grow fresh vegetables that were eventually used to prepare fresh salads and other meals in the AKS classes. The Veterans learned just how easy and fun eating healthy can be, as well as how to enjoy the fruit or vegetables of their labor.

The new releases of Apple’s iOS 8 and the iPhone 6 continue to provide us opportunities to incorporate methods to streamline the traditional approaches we teach when using standalone devices. Activities such as barcode reading, money identification, recording, access to NLS Talking Books, and Optical Character Recognition (OCR), to list a few, are now options using the iOS products. Remaining fiscally responsible continues to



Departmental Updates

be a priority. The implementation of iOS products allows Veterans to have one device that is capable of meeting multiple needs. Rapid and continual changes to software and capabilities of iOS devices challenge us to stay current with updated lesson plans, and Apps.

The closing of 2014 marked yet another transition for the Living Skills Department, Chuck Brancheau was promoted to assistant Chief of the Blind Center and Anthony Cleveland was promoted as the new Living Skills Supervisor. Chuck's incredible intellect and skill will be greatly missed in the department. We congratulate him on his new endeavor and look forward to the next chapter of BRC leadership in 2015.

Manual Skills

For Fiscal Year (FY) 2014, the Manual Skills (MS) Department focused on how the *5S Workplace Organization Methodology* could improve efficiency within the skill area. 5S stands for: *Sort, Set in Order for Flow, Shine, Standardize, and Sustain*. The MS department projected that if the various training areas within Manual Skills could be re-examined for increased organization (especially with Veteran-used tools, supplies, & equipment) that Veteran organizational consistency and independent navigation would improve. The primary areas that were impacted were Leatherwork, Weaving, and Home Mechanics.

In Weaving, the loom shuttles used to hold yarn were sorted and a rack was created to display the varying yarn col-

ors across the wall. This improved room aesthetics, and promoted the weaving activity as another means of improving Veteran non-visual skills. In Leatherwork, space was made for students to get additional parts for their activities and training supplies without instructor assistance. A shelf was designed and made to increase organization of leather lace, stamps and other tools that are regularly used by the Veterans. In turn, the shelf created more space for Veterans to navigate.

During the last quarter of FY 2014, the MS department continued efforts to update basic plumbing fixtures that better reflect current skills required of Veterans in performing home maintenance and repair. Staff researched various fixtures that were more current.

Fixtures were purchased and



will be mounted and utilized during FY 2015. Drywall simulators, that were fabricated during the previous fiscal year, continue to be used in the training program. This primarily occurred with those Veterans participating in the Independent Living Program and in Home Mechanics.

The Manual Skills department continues to maintain the foundational non-visual skills that have always been the focus of the area. During Fiscal Year 2015, the department will re-examine how Manual

Departmental Updates Cont'd

Skills might increase connection with other departments like Computer Access Technology. Near the end of the 4th quarter, departmental staff researched current iOS applications that would more readily work within Manual Skills. Several applications that began to be trialed included: *Clinometer* and *Talking Tuner*. App evaluations will be reflected during FY 2015. The *5S Workplace Organizational Methodology* will also continue to be utilized within other areas of Manual Skills.

Visual Skills

The Visual Skills department continues to evaluate new devices and, when appropriate, implement new technology. This year we added new hand held lighting options, glare controlled tints and intermediate distance low vision aids to our inventory.

This year, priority was placed on the development and implementation of informational handouts and reminder sheets for low vision devices that could serve as a resource to the Veteran upon discharge. Veterans learn and incorporate many new strategies and devices during their blind center program. The handouts allow the Veterans to easily review the primary teaching points and device functions after training has concluded.

The department also began a working relationship with optometry and driver rehabilitation to develop a bi-optics program. Bi-optics are devices that assist some Veterans to be able to drive by allowing them to view through a magnified telescope mounted into their prescription

glasses. This relationship will continue into the new year as we have begun creating lesson plans and continued collaboration among the teams.

Finally, we have continued to evaluate iOS applications. iOS integration into a

Veteran's low vision program enhances the Veteran's independence and ability to multi-task.

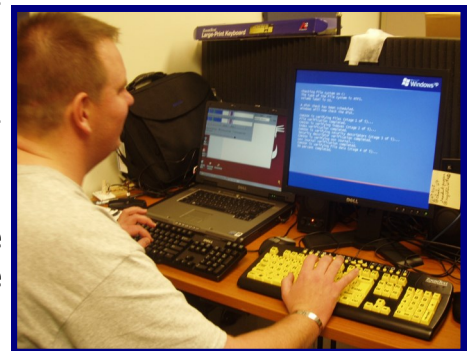


Computer Access Training

For FY 2014, the Computer Access Training Department continued to broaden skills to provide the most appropriate array of technology choices to the Veteran.

With an emphasis on early assessment, instructors are more readily able to focus on the best possible option(s) for the Veteran. Through our newly implemented weekly group introduction to a variety of access technology solutions, veterans are able to make informed choices

as directors of their rehabilitation programs.



Departmental Updates Cont'd

In reviewing issuance trends, the writer notes that the strong surge of issuance in Apple iPhones has lessened during the last quarter of FY14. This may be due to the number of Veterans arriving for training who have already acquired this device. The percentage of Veterans who receive training with iOS devices (iPhones and iPads) remains high.

Two new items of note were issued during FY14: the Microsoft Surface Pro 3 tablet and the Apple iMac. Veterans have also tested the Dell all-in-one computer. This trend toward all-in-one devices without cables is catching on.

As a part of overall quality improvement, the CAT Department has begun to offer a periodic group class in security and maintenance. Objectives include identity protection and resistance to social engineering phone calls, e-mails, and internet pop ups designed to gain unauthorized information from Veterans. This class is offered to all Veterans of the Blind Center since such a high number of individuals own computers today. The activity is being constantly changed and updated in structure to better meet the needs of our students.

The integration of technology devices and software into the overall scheme of Blind Rehabilitation continues. Challenges to provide adequate internet access to support this trend are being slowly resolved. Provision of internet service in a manner that is safe to the security and safety of the environment without impairing the use of devices will continue to be addressed in the coming year.

Orientation & Mobility

The Orientation and Mobility (O&M) Department's foremost goal is to develop and implement an individualized training program to teach safe, efficient and independent travel skills in whatever environment the Veteran has a need. Various travel environments include indoor, hospital grounds, residential sidewalks, and business environments (including congested downtown areas, rural environments with no sidewalks and indoor store and mall environments.) Training in use of public transportation is a priority for many Veterans. The overall goal by the end of training is that each individual develops his or her confidence and safety with independent travel in all environments.

The O&M specialists provide instruction with cane skills as well as skills for using adaptive mobility devices including walkers, rolling walkers, wheelchairs and power mobility devices. During the past year, many Veterans have regained the ability to travel safely using the devices in combination with the long cane.

Electronic Travel Aids (ETAs) are also



Polytrauma/TBI

available to Veterans while completing Orientation and Mobility training. The Mini-Guide is an effective ETA using ultrasonic sound to detect objects in the users travel area. The Ultra Cane is available for Veterans who have completed training with O&M and want to return for an advanced travel device.

The O&M department has remained very active in providing instruction with the latest adaptive Global Positioning Devices (GPS), keeping current with the latest technology. Many GPS iOS applications are now available at the Blind Center for use with an iPhone and can be helpful. However, while the Orientation and Mobility instructional program has incorporated some newer technology, meeting the individual needs and goals of each veteran for safe and independent travel is still the overarching goal of the department.

Polytrauma/TBI

Hines VA Hospital continues to be identified as the primary network site for Northern Illinois and Wisconsin. Polytrauma is the term used to describe the multiple life threatening injuries that soldiers have survived as a result of the war in Iraq, Afghanistan and the Global War on Terror. The scope of these injuries greatly affects the traditional health care model, and has required a new system of service delivery to be developed to address the needs of these Service Members and Veterans. A Polytrauma/TBI team has been formed where each representative from the various disci-

plines brings their own expertise to the team as well as this unique population.

The Polytrauma Blind and Vision Rehabilitation Specialist continue to provide unique services to our OEF/OIF/OND Service Members and Veterans. These services do not take away from our already existing inpatient program but enhance it as well as provide additional services to those with Functional Vision issues.

The services that our Polytrauma BROS provides:

- Functions as a case manager for any Service Member and Veteran who is identified with a Functional Vision Problem
- Provides follow up with every OEF/OIF/OND individual who went through the Blind Rehabilitation inpatient program.
- Provide inpatient and outpatient Blind Rehabilitation Training
- Training on Global Positioning systems.
- Training on iOS devices (like the iPhone and iPad)
- Completed Vision Screens on every OEF/OIF/OND individuals coming to Hines VA Hospital being seen in the Polytrauma/TBI clinic.
- Provide Direct Training/Vision Therapy and follow up as prescribed by the eye clinic optometrist

The major complaints and concerns that are being seen and addressed are:

- Words appear to move
- Comprehension Difficulty
- Attention/Concentration Difficulty
- Memory Difficulty
- Achy eyes

OEF/OIF/OND Veterans Visit

- Unable to focus
- Headaches when doing visual tasks
- Loss of visual field
- Blurred Vision
- Double Vision
- Sensitivity to Light
- Reading difficulties

This unique group with their unique needs brings to us the opportunity for new training development opportunities so that we can address each of their individual concerns and issues.

Returning OEF/OIF/OND Service Members for a Special Program

June 17, 2014 – June 22, 2014 was a very energetic and successful training week at the BRC. We were able to offer a fantastic opportunity with nine OEF/OIF/OND (Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn) Service Members and Veterans who were able to participate in a one week specialized program. The emphasis of this week was focused on updating and refining skills, mobile and computer technologies and the introduction for collaborative relationships.

Through the years, the OEF/OIF/OND Soldiers and Veterans who previously attended the BRC had questions regarding technology, equipment and the use of different devices for an improved independent and productive life. A specialized program was then proposed for these individuals who attended and graduated from the BRC program. This was the first time these individuals would meet in person and develop support.

The week began with introductions followed by training on new technologies and group discussions for best practices.

In addition they received individualized training from the individual programs in the skill areas at the Blind Rehabilitation Center. Such areas included computer technology, access technology software, low vision devices, GPS systems and iOS devices like the iPhone and iPad.

While the special program included work, team exercises were also scheduled. The group kayaked six miles on the Chicago River and watched fireworks from their kayaks. They also went rock climbing, bowling, and enjoyed a local BBQ cookout. They thoroughly enjoyed participating in these events and the development of knowledge, support, and improved skill sets. They will be able to continue to collaborate and share information when they return to their homes.

It was an awesome week with hours of education, training, activities and fun! The success of this special training should allow us to continue to provide special training opportunities to the visually impaired and blinded Service Members and Veterans.

Central Area VIST Coordinators

Central Area VIST Coordinators

The Visual Impairment Services Team Coordinators (VIST) case-manage visually impaired and legally blind Veterans, helping them navigate the Vision Rehab Continuum of Care model established by the VA. They are responsible for referring Veterans to the appropriate model of care for their vision impairment needs. The following is a current list for the Central Area Region.

Ohio

Cincinnati, Dayton-VACANT; 513-475-6397

Columbus, Matthew Page; 614-257-5325

Youngstown, Beth Levine; 330-740-9200
X1580

Cleveland, Marianne Ryan; 216-791-3800
x4240

Chillicothe, Julie Wenger; (740) 773-1141
X1534

Michigan

Detroit, Jennifer Troyer; 313-576-4888

Battle Creek, Bill Bernhard; 269-223-6607

Ann Arbor, Rich Alden; 734-845-3064

Saginaw, Leland Lewis; 989-497-2500
x11852

Iron Mountain, Patricia Staller; 906-774-3300
x34515

Indiana

Indianapolis, Deanna Austin; 317-988-2576

Fort Wayne, Novalea Welch; 260-426-5431
x72650

Illinois

North Chicago, Eric Strong; 224-610-5429

Danville/Peoria, Jeff Stroud 317 554
5406

(Maywood) Hines, Patrick Zeinstra; 708-202-2351

Chicago, Melinda Dunlap; 312-569-7531
Marion, Betty Howerton; 618-997-5311
x54815

Wisconsin

Milwaukee, Leon Haith; 414-384-2000
x41832

Madison, Kurt Brunner; 608-256-1901

Tomah, Rhonda Chambers; 608-372-3971 x61554

Missouri

St. Louis, Kevin Jacques; 314-652-4100
x54121

Kansas City, Paul Clary-Archuleta; 816-861-4700 x56924

Columbia, Lauren Swift; 573-814-6458

Poplar Bluff, Erin Hullinger 573-686 4151 x
52151

Kansas

Topeka/Leavenworth, Gus McClelland 785
350 3111 x 52762

Wichita, Bob Hamilton; 316-651-3682

South Dakota

Sioux Falls, Anna Perry; 605-336-3230
x7860

Black Hills, Galen Britain; 605-745-2000x92558

North Dakota

Fargo, Jody Schommer; 701-232-3241
x3056

Iowa

Des Moines, Peggy Parker; 515-699-5410

Iowa City, Herbert K Queen; 319-338-0581

Minnesota

Minneapolis, Nancy Prussing; 612-725-2000x1814

Nebraska

Omaha, Jean Butler; 402-995-3188

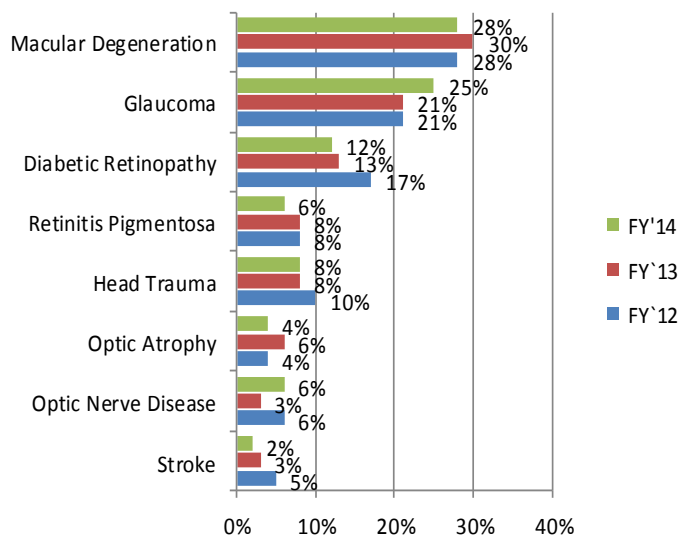
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Common Visual Diagnoses Fiscal Years '12, '13, & '14



Number of Discharges 298
Occupancy 83%
Average Length of Stay 35 days

| Age Group | # of Patients | Percent |
|-----------|---------------|---------|
| 20s | 3 | 1% |
| 30s | 12 | 4% |
| 40s | 11 | 4% |
| 50s | 44 | 15% |
| 60s | 90 | 30% |
| 70s | 56 | 19% |
| 80s | 70 | 23% |
| 90s | 12 | 4% |

Type of Program

| Program | # of Patients | Percent |
|--------------|---------------|---------|
| Regular/Dual | 174 | 58% |
| CATS | 78 | 26% |
| ETA/ERM | 26 | 9% |
| LV/CCTV | 4 | 1% |
| Other | 16 | 5% |

Discharges by State

| | | | |
|-----------|-----|--------------|---|
| Illinois | 105 | South Dakota | 6 |
| Indiana | 48 | Tennessee | 3 |
| Missouri | 24 | Virginia | 3 |
| Wisconsin | 19 | Washington | 3 |
| Iowa | 17 | Pennsylvania | 4 |
| Michigan | 17 | Nebraska | 1 |
| Minnesota | 17 | Arkansas | 1 |
| Kentucky | 15 | Texas | 2 |
| Ohio | 9 | Florida | 1 |
| Kansas | 8 | New York | 1 |

Top 11 VA Institution Referral Sites

| | |
|--------------------------------|----|
| Edward Hines Jr. VAH | 41 |
| Jesse Brown VAMC, IL | 35 |
| Richard Roudebush VAMC, IN | 27 |
| Lovell FHCC, North Chicago, IL | 21 |
| John Cochran St. Louis, MO | 21 |
| Minneapolis, MN | 21 |
| Clement J. Zablocki, WI | 20 |
| Des Moines, IA | 16 |
| Battle Creek, MI | 15 |
| FT. Wayne, IN | 14 |
| Sioux Falls SD | 14 |

The 2014 Annual Report of the Central Blind Rehabilitation Center is published for VA Blind Rehabilitation stakeholders. Hines VAH does not endorse the use or purchase of specific prosthetic devices cited in this publication. Contributors for this issue include: Chief, Blind Rehabilitation Center, Denise Van Koeveing; Assistant Chief, Charles Brancheau; BRC Supervisors, Jennifer Molodecki, Dan Smith, Scott Smith; Anthony Cleveland, Administrative Support, Darlene Voustrous; Proofreader, Joseph Jorgenson.